

Northern Virginia

Regional Protocol Guidelines



These guidelines apply across the spectrum of EMS agencies and the patients they encounter. Individual EMS agencies may wish to employ additional or alternative strategies.

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Acute Stroke Syndrome

- * Patients with signs and symptoms of acute stroke syndrome should be assessed to identify and define the following:
 - Time of onset of signs/symptoms
 - Nature and degree of signs/symptoms
 - Co-morbid conditions impacting short and long-term management
 - Identify and address causes of secondary insult – hypoxia, hypotension, hypoglycemia, trauma, coagulopathy, etc.
- * Selection of destination facility and mode of transport are the domain of the individual agencies and should be based on operational and geographic considerations.
- * It is recommended that a defined stroke screening tool be utilized.

Altered Mental Status

- * For patients presenting with a complaint or signs of **altered mental status** consider the potential underlying causes and manage appropriately. These include the following clinical conditions:
 - Opiate overdoses – (management may include administration of opiate antagonist agents)
 - Hypoglycemia
 - Hypoxia and hypotension
 - Stroke, seizure and other acute neurologic emergencies
- * Additional interventions/medications may be considered at the agency level.

Anaphylaxis

- * For patients presenting with signs/symptoms of a systemic anaphylactic reaction the following are recommended:
 - Epinephrine administration
- * The following may be considered:
 - Antihistamines
 - Steroids
- * Additional interventions/medications may be considered at the agency level.

Chest Pain

- * For patients with **Chest Pain or Chest Pain Syndrome** believed to be due to coronary ischemia the following are recommended:
 - Rapid identification of ischemia/infarction
 - Supplemental Oxygen
 - Aspirin
 - Nitroglycerin
- * Symptomatic management may include:
 - Narcotic analgesics for pain
 - Anti-emetics for nausea and vomiting
- * Additional interventions/medications may be considered at the agency level.

Diabetic Emergency (Hypoglycemia)

- * For patients with signs/symptoms believed and/or demonstrated to be due to hypoglycemia the following are recommended:
 - Administer glucose
- * For those patients in whom an IV cannot be established glucagon administration is recommended.
- * Additional interventions/medications may be considered at the agency level.

Respiratory Distress

- * For patients with **Respiratory Distress (SOB)** believed to be due to asthma/reactive airway disease/COPD/emphysema the following are recommended:

- Supplemental oxygen
- Inhaled Bronchodilators
- Consideration inhaled anticholinergics in select patients
- Consideration of steroids in select patients

- * NIPPV (CPAP/BiPAP) may be beneficial in select patients

- * Additional interventions/medications may be considered at the agency level.

- * For patients with **Respiratory Distress (SOB)** believed to be due to pulmonary edema due to CHF the following are recommended:

Supplemental Oxygen

- Nitroglycerin
- NIPPV (CPAP/BiPAP) may be beneficial in select patients
- Consideration of diuretics in select patients

- * Additional interventions/medications may be considered at the agency level

Seizure

- * For patients with presenting with signs/symptoms believed to be due to seizures the following are recommended:
 - Evaluate for hypoglycemia as the cause of seizures and treat accordingly
 - Benzodiazepines for persistent or ongoing seizures